

LAW ENFORCEMENT OFFICERS KILLED OR ASSAULTED

Is it requested this report be completed and transmitted with monthly crime reports to: Uniform Crime Reporting, Bureau of Criminal Identification, 3888 W 5400 S, Box 148280, Salt Lake City UT 84114-8280. This form should be used to report the number of your officers who were killed or assaulted in the line of duty during the month. **Additional information on officers who were killed or assaulted and injured with a firearm or a knife or other cutting instrument will be requested on a separate questionnaire, *Analysis of Law Enforcement Officers Killed and Assaulted*.**

OFFICERS KILLED

Number of your law enforcement officers

Killed in the line of duty this month.

By felonious act _____

By accident or negligence _____

OFFICERS ASSAULTED (Do not include officers killed) – See other side for instructions.

Type of activity	Total assaults by weapon A	Type of weapon				Two-officer vehicle F	Type of assignment						Officer assaults cleared M						
		Firearm B	Knife or other cutting instrument C	Other dangerous weapon D	Hands, fists, feet, etc. E		One-officer vehicle		Detective or special assign.		Other								
							Alone G	Assisted H	Alone I	Assisted J	Alone K	Assisted L							
1 Responding to disturbance calls (family quarrels, person with firearm, etc.)																			
2 Burglaries in progress or pursuing burglary suspects																			
3 Robberies in progress or pursuing robbery suspects																			
4 Attempting other arrests																			
5 Civil disorder (riot, mass disobedience, etc.)																			
6 Handling, transporting, custody of prisoners																			
7 Investigating suspicious persons or circumstances																			
8 Ambush – no warning																			
9 Mentally deranged																			
10 Traffic pursuits and stops																			
11 All other																			
12 TOTAL (1-11)																			
13 Number with personal injury*						DO NOT WRITE HERE						Initials							
14 Number without personal injury																			
													Recorded						
													Edited						
													Punched						
													Verified						
													Adjusted						

		12:01	2:00	4:00	6:00	8:00	10:00	12:00
15 Time of assaults	AM							
	PM							

Month and Year

Agency Identifier (ORI)

Prepared by

Title

Agency

State

Chief, Sheriff, Commissioner, Superintendent

***If the officer was injured with a firearm (13B) or a knife or other cutting instrument (13C), please complete the block on the reverse side (next page) and include your agency's incident or case number(s). This information is only for your agency's use to assist in referencing the incident once the above-mentioned questionnaire is forwarded to you for completion.**

FBI/DOJ

Forward to Uniform Crime Reporting, BCI, 3888 W 5400 S, Box 148280, Salt Lake City UT 84114-8280 - After completion, make a copy of this form for your records.

INSTRUCTIONS FOR PREPARING REPORT

When an officer is assaulted in the line of duty, the reporting agency should enter the type of weapon (columns B through E) and type of assignment (columns F through L) next to the appropriate type of assignment (lines 1 through 11). The reporting agency should also indicate injury (line 13) or no injury (line 14) and total number of assaults by the time of day on line 15. Reporting agencies are reminded that the Hierarchy Rule applies to those incidents involving aggravated assaults on law enforcement officers while responding to or taking necessary action at the scene of a crime. For example, if an officer is assaulted at the scene of a robbery, only the robbery is scored on the Return A, but the assault is recorded on this form. However, if the officer is assaulted during a burglary incident, only the assault is scored both on the Return A and on this form.

The reporting agency should use column M next to the appropriate activity to indicate that an assault on a law enforcement officer was cleared by arrest.

At the end of the month, the reporting agency should add across each line, B through E, and enter total in column A. (The total of F through L should equal the total of B through E as entered in A.) Finally, the reporting agency should enter a total for each column (B through M) on line 12.

COLUMNS B-E:

Columns B through E pertain to type of weapon. The reporting agency should enter one weapon for each assault. If more than one type of weapon is used to commit a single assault, the weapon which is first encountered in moving from column B to column E should be the weapon selected.

COLUMNS F-L:

Column F (Two-Officer Vehicle) and columns G and H (One-Officer Vehicle) pertain to uniformed officers, columns I and J (Detective or special assignment) to non-uniformed officers. Columns K and L (Other) pertain to officers assaulted functioning in a capacity not represented by columns F through J such as foot patrol, off duty, etc.

COLUMN M:

Enter the number of officer assaults cleared. Column M should not be used to count the number of persons arrested for such offenses. Include exceptional clearances in this column.

LINES 1-11:

Enter the type of law enforcement activity in which the officer was engaged at the time of assault.

LINE 12:

Enter the total of lines 1 through 11.

LINE 13:

Enter the number of assaults from line 12 that resulted in personal injury to the officer.

LINE 14:

Enter the number of assaults from line 12 in which there was no injury to the officer.

LINE 15:

Enter the total number of assaults on officers occurring within the appropriate two-hour intervals.

YOUR AGENCY'S INCIDENT OR CASE NUMBER(S)

(Complete this block only if the assaulted officer was injured with a firearm or a knife or other cutting instrument.)
